Healing *Hands*
HOUSE CALLS

PATIENT INFORMATION FORM

Patient Name: _____
Last Name First Name Middle
Date of Birth _____ Social Security Number: _____

Address _____
City/ State Zip Code
Home Phone Number & Area Code: (___) _____ Email Address _____

Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed **Gender:** ☐Male ☐Female **Language:** ☐English ☐Spanish ☐Other
Race: ☐Declined ☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander
☐White ☐Other Race **Ethnic Group:** ☐Declined ☐Hispanic or Latino ☐Not Hispanic or Latino **Driver's License #** _____

Employer: _____ Work Phone # _____

Employer Address _____

EMERGENCY CONTACT INFORMATION
Contact Name: _____ Relationship: _____

Address: _____
City/State Zip Code
Home #: _____ Work # _____ Other: _____

INSURANCE INFORMATION

Primary Insurance
Company Name: _____ Phone # (___) _____

Insurance Address: _____

Policy I.D. Number: _____

Policy Holder Name: _____
Last Name First Name Middle
DOB: _____ Address (if different) _____

Employer: _____ Wk#: _____

Relationship to policyholder: _____ Social Security Number _____

Secondary Insurance
Company Name: _____ Phone #: (____) _____

Insurance Address: _____
City/State Zip
Policy I.D. Number: _____ Group #: _____

Policy Holder Name: _____
Last Name First Name Middle
DOB: _____ Address (if different) _____

Employer: _____ Wk#: _____

Relationship to policy holder: _____ DOB: _____

Primary Care Physician: _____ Referred by: _____

Other Physician: _____

Pharmacy Phone Number: _____
Check One: ☐**Established Patient** ☐**New Patient** **How did you hear about us**? _____

Signature: _____ **Date:** _____

ASSIGNMENT OF INSURANCE BENEFITS

In consideration of services rendered, I hereby transfer and assign all right of payment due to me for medical and or surgical services under any policies of insurance. **Patient is responsible for charges that the insurance company does not render.**

_____ _____
Signature of Patient or Responsible Party Date

_____
Witness